GOVERNMENT OF THE DISTRICT OF COLUMBIA D.C. Office of Personnel

District Personnel Manual Issuance System

DPM Instruction No. 12-19

This bulletin should be filed behind the divider for Part III of DPM Chapter(s) 12

SUBJECT: Leave Procedures Under the Organ and Bone Marrow Donor Leave Amendment Act of 2002

DATE: October 11, 2002

NOTE: This instruction rescinds DPM Instructions No. 8-3 and 8-5, dated January 1986; No. 8-8 and 9-4, dated August 7, 1986; No. 11B-15 & 12-4, dated February 14, 1991; No. 8-25, 9-12, & 11B-19, dated June 22, 1992; No. 8-36 and 9-14, dated July 12, 1996; and No. 8-40 & 9-15, dated May 22, 1997.

1. <u>Purpose</u>

The purpose of this instruction is to provide guidance on the procedures for the granting of leave to employees to serve as bone marrow or organ donors.

2. <u>Authority</u>

The Organ and Bone Marrow Donor Leave Amendment Act of 2002, effective June 25, 2002 (D.C. Act 14-326; 49 DCR 4231; May 10, 2002); § 1259 of Chapter 12 of the *D.C. Personnel Regulations*, Hours of Work, Legal Holidays and Leave; and all pertinent provisions of Chapter 12, Parts II and III of the District Personnel Manual (DPM).

3. Applicability

This instruction is applicable to all employees of the District of Columbia government.

4. **Provisions**

- a. District government employees are entitled to:
 - (1) Up to 7 workdays of excused absence in a calendar year, without loss or reduction in pay, leave, or credit for time of service, to serve as a bone marrow donor.
 - (2) Up to 30 workdays of excused absence in a calendar year, without loss or reduction in pay, leave, or credit for time of service, to serve as an organ donor.
- b. The workdays prescribed above shall be converted to hours (i.e., 7 workdays equals 56 hours for an employee working 80 hours in a biweekly pay period).

Note: DPM Bulletins that are strictly procedural in nature have direct applicability only to agencies and employees under the personnel authority of the Mayor. Other personnel authorities or independent agencies may adopt any or all of these procedures or guidance materials for agencies and employees under their respective jurisdictions. [See DPM Chapter 2, Part II, Subpart 1, § 1.3.]

Inquiries: Policy and Program Development Division, Benefits Section (202) 442-9655 **Distribution:** Heads of Departments and Agencies, HR Advisors, and DPM Subscribers

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c.	The donating employee must seek approval of the excused absence from his or her
	immediate supervisor, prior to the donation, by completing a Request for Organ/Bone
	Marrow Donor Leave form (Attachment 1) and presenting an original medical
	certification (Attachment 2).

Milou Carolan Director of Personnel

Attachment 1: Request for Organ/Bone Marrow Donor Leave
Attachment 2: Medical Certification by Health Care Provider for the Purpose of Approval of Paid
Leave for Organ/Bone Marrow Donation

GOVERNMENT OF THE DISTRICT OF COLUMBIA REQUEST FOR ORGAN/BONE MARROW DONOR LEAVE

TO BE COMPLETED BY THE EMPLOYEE Name: (First) (Middle) Social Security Number: _____ Organization Code: _____ Title/Series/Grade: Department or Agency: _____ **CATEGORY OF DONOR** ? Organ Donor ? Bone Marrow Donor I hereby request ____ workdays/___ hours of excused absence to begin on ____ and end on ______, to serve as a donor in the category specified above, pursuant to the provisions of the Organ and Bone Marrow Donor Amendment Act of 2002 (D.C. Law 14-148) and § 1259 of the D.C. Personnel Regulations. I further certify that becoming a donor is a voluntary act on my part, and that this request for excused absence constitutes a true, valid request. Signature of the Employee Date of the Request TO BE COMPLETED BY THE EMPLOYING AGENCY ? Disapproved (if disapproved, give reason.) Approved

DISTRIBUTION:

Original – Official Personnel Folder

Signature of Approving Official

Copy – Employee

Date

Copy – Agency T&A Office

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Medical Certification by Health Care Provider for the Purpose of Approval of Paid Leave for Organ/Bone Marrow Donation

Employee's Name:	
Medical Procedure:	
? Organ Donation	? Bone Marrow Donation
Estimated period of incapacity (he	ours/days) as a result of organ/bone marrow donation:
From	to(Date)
(Date)	(Date)
Signature of Health Care Provider	Type of Practice
Signature of Health Care Provider Address	Type of Practice

NOTE: This form is prohibited from being duplicated, copied or filed in the employee's Official Personnel Folder (OPF) and is to be placed in a separate Secured Confidential File.